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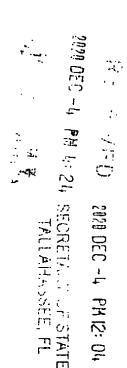
(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

	ew Filing Section ivision of Corporations					
eun irom	302 SBV LLC					
SUBJECT		Name of Limited Liability Company				
The enclose	ed Articles of Organization and fee(s) a	are submitted for filing.				
Please retur	rn all correspondence concerning this r	natter to the following:				
	Michelle E Winiecki					
		Name of Person				
	Fusion Management Realty Group					
		Firm/Company				
	1510 Stickney Point Road #406					
		Address				
	Sarasota F1, 34231					
i	michelle@gcpmgt.com	City/State and Zip Code				
_		ed for future annual report notificat	ion)			
For further in	nformation concerning this matter, plea	se call:				
		941 809.3404				
		Area Code Daytime Telephor	ne Number			
Enclosed is	a check for the following amount:					
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address	Street Address				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

, , ,	TALLAHAS
802 SBV LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Prine</u>	cipal Office Address:		Mailing Address:	
1510 Stickney Point Road #406		151	0 Stickney Point Road #406	
Sarasota FL 3423	Sarasota FL 34231		Sarasota FL 34231	
The Diffice Diability Compa			Tou must designate an mornidan or	
nother business entity with a	an active Florida registration active Florida registered	n.) I agent are:	Tou must designate an individual of	
nother business entity with a	an active Florida registratio	n.) I agent are:	You must designate an individual or	
nother business entity with a	an active Florida registration active Florida registered	n.) I agent are:		
nother business entity with a	an active Florida registration active Florida registered	n.) I agent are: Name	Tou must designate an individual of	
mother business entity with a	an active Florida registration active Florida registered eet address of the registered Michelle E Winiecki	n.) I agent are: Name Road #406		
nother business entity with a	eet address of the registered Michelle E Winiecki 1510 Stickney Point	n.) I agent are: Name Road #406		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized N	lember	
"MGR" = Manager		
AR	Michelle E Winiecki	
	1510 Stickney Point Road #406	
	Sarasota FL 34231	
	S	2020
AMBR	Sarasota Boatyard Village LLC	=
	1510 Stickney Point Road #406	문
	Sarasota FL 34231	
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(Use attachment if necess		
(If an effective date is listed, the o the date of filing.) <u>Note:</u> If the date inserted in this b	er than the date of filing:	
the document's effective date on t	ne Department of State's records.	
ARTICLE VI: Other provisions, it	any.	
REOUIRED SIGNATU	RE: Mirabel Weauch	
This doc I am awa	nature of a member or an authorized representative of a member. Imment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, re that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.	
N.	ichelle E Winiecki	
1	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)